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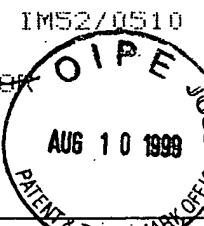
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Fveling E. Baker

(Depositor's name)

(Signature)

August 10, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/648,676	05/16/96	020	TUNG, T	1744 05/10/99
First Named Applicant	LEADER,	35	USC 154(b) term ext. =	0 Days.

TITLE OF INVENTION SENSOR CARTRIDGE FOR A FLUID ANALYTE ANALYZER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 2227-006	204-416.000	584	UTILITY	YES	\$605.00	08/10/99
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10
(A) NAME OF ASSIGNEE SenDx Medical, Inc. (B) RESIDENCE: (CITY & STATE OR COUNTRY) Carlsbad, California Please check the appropriate assignee category indicated below (will not be printed on the patent) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government	4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-0460 (ENCLOSE AN EXTRA COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)	(Date)
	8/10/99

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AUG 17 1999

Publishing Division
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